

Amendment	То	Water Permit	
No.			

Name of Applicant	Date								
Address			City		State	ZIP Code			
Home Telephone Number			Cell Phone Number						
New Point(s) of Diversion									
1/4	Section	Township (N)		Range (W)		County			
1/4	Section	Township (N)		Range (W)		County			
1/4	Section	Township (N)		Range (W)		County			
Ownership									
Property owner at the new point of diversion									
If (a) above is other than the applicant, describe the arrangement enabling the applicant to make this filing									
Indicate the number of landowners within a one mile radius of the proposed point of diversion which you must notify									
THE APPLICANT CERTIFIES THE STATEMENTS APPEARING HEREIN ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE.									
Signature					Da	Date			
Signature					Da	te			
Signature						Date			
Signature of Applicant(s) (if more than one applicant is shown, all must sign)					Da	te			

RETURN TO

Department of Water Resources State Office Building 900 East Boulevard Avenue Bismarck, ND 58505-0850